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INFORMATION DISCLOSURE STATEMENT BY APPLICANT

Applicant: TUULOS

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Examiner: Not Assigned

Group Art Unit: Not Asgnd

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| Examiner's Initials* | | Document Number | Date MM/YYYY | Name (Family Name of First Inventor) | Class | Sub Class | Filing Date (if appropriate) |
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Examiner

Date Considered:

*EXAMINER: Initial if citation considered, whether or not citation is in conformance with MPEP § 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to Applicant.